



Denise Juneau, Superintendent
Office of Public Instruction
Accreditation Division
PO Box 202501
Helena MT 59620-2501

HQT Teacher/Assignment Summary 2011-2012 School Year

DUE DATES:

To County Superintendent: Tuesday 10/18/2011
To Office of Public Instruction, Accreditation
Division: Tuesday 10/25/2011

County: _____

District: _____ Le: _____

School: _____ Sc: _____

School Level Report

TeacherName:

FolioID:

AssignmentCode:

A. Is this teacher Highly Qualified for this assignment?:

B. Years of Experience in Core Academic Area:

C. Please Indicate which Form(s) are on file at the School/District for this Teacher and this Core Assignment. (Choose at Least One)

HOUSSE (High Objective Uniform State Standard for Evaluation)

Teacher with Less Than 1 Year of Experience

Teacher with 1 or More Years of Experience, Elementary (K-8)

Teacher with 1 or More Years of Experience, Secondary (9-12)

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FolioID:

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